

**VDH COVID Partner Call Notes**  
**Friday, May 7, 2021**

- **Introduction, Suzi Silverstein, VDH Office of Emergency Preparedness:**

- <https://www.vdh.virginia.gov/coronavirus/covid-19-in-virginia/>
- Welcome, everybody, to the program Friday May 7th. I'll begin with numbers. 665,332 cases of COVID. For deaths we're up 10k 874 in Virginia. For vaccine, 46.3% of the population or almost 61% of the adult population have received at least one dose. And then 33.9% are fully vaccinated.

- **Vaccination Update, VDH Office of Emergency Preparedness:**

- Over the last couple weeks we've seen a fairly significant drop in uptake to the vaccination. We were ending the preregistration policy today and opening up more walk-ins and the ability to just sign up for vaccines with all of our outlets. As I said, facilities are shifting more to walk-ins and also to outreach type of facilities, churches, community centers, and those sort of locations. Our local health departments are coordinating that. We're going to be moving to a mobile vaccination capability that the State is organizing with FEMA money. We'll begin to see that next week.
- The FDA is about ready to approve the vaccination of 12 to 15-year-olds with the Pfizer vaccine. Just awaiting that approval. And then CDC direction after that. We're planning for the uptake in that community with in-school vaccinations and also to increase the allocations of vaccine to pediatricians, family health providers, primary care physicians, and also federally qualified community health centers.
- One thing about that is if we're doing any vaccine or vaccination for that 12 to 15 age group, they have to -- if they're not actually in school during school/working hours, it's going to require parental accompaniment to get vaccinated. In school we have developed a new consent form that will be shared with the schools. We already are coordinating at the local district level with the school divisions. And we have a meeting with the superintendents and the secretary of education next Tuesday to work out all of those arrangements.
- We're also coordinating with the private sector in this space in the vaccination process to look at the ability to do workplace vaccination opportunities with the existing vaccination resources.
- Also, we are encouraging the use of incentives to up the receptivity of vaccinations. And we're especially focusing on that age group of young adults. That seems to be where the most hesitancy is taking place.

- **Access and Functional Needs: Karen Brimm, Virginia Department of Deaf and Hard of Hearing:**

- I've been serving as access and functional needs coordinator for vest which is being able to be a touch point for people to with concerns, issues and anything that needs to be addressed with accessibility during COVID with all of our response efforts. As you can imagine, that is a lot of consideration.

- I just want to speak today briefly about how you can think about operationalizing accessibility in your efforts, whether it will be in coordination with State efforts or local health districts, emergency managers, and so on. Just pointing out that people with access and functional needs are a part of our broader community.
- Approximately 24% of Americans have some sort of diagnosed disability that might impede their ability to access services without accommodations or some kind of assistance or modification to services. So as far as emergency management is concerned, access and functional needs demographics include people with disabilities, older adults, people who have limited English proficiency or English is not their first language, very young children, women in their ninth month of pregnancy, and we also include people who are extremely economically disadvantaged and or have limited access to transportation. So all of those groups are considered access and functional needs vulnerable groups when talking about emergency management. Of course, for COVID, accessibility has been an issue in a very different way.
- We've had a lot of virtual pivots and the virtual landscape also needs to be accessible, as well as physical landscapes. So regarding that, we need to make sure that we understand that accessibility can be lifesaving. Accessibility has to be in our plan to include all populations, especially the most vulnerable and those that need assistance to get out of harm's way whenever there is a disaster or emergency. Accessibility has to be baked in prior to the emergency. The ADA is 30 years old.
- A lot of those principals should be integrated into our planning in all of our considerations. But COVID has proven that that might not be the case. COVID has for lack of a better term unmasked a lot of the critical accessibility problems and flaws that impede health and well-being for people with access and functional needs. So that has to do with communication and information, physical spaces, digital spaces, and of course transportation.
- So when you're looking at trying to drill down in some of those considerations, communication and information, we have to make sure we have language access, meaning that materials and resources need to be culturally and linguistically appropriately translated into languages other than English. We need to be able to provide interpretation services.
- We need to be able to provide captioning that is accurate and timely in order to provide information. Digital spaces have to follow the Section 508 compliance which allow people are not clear on. That basically means that all digital documents have to be accessible to people who cannot see them or be able to hear them.
- You have to make them compatible with screen readers, for example, and make them compatible for people who may have cognitive or other challenges to be able to understand the actual language, even in English. So using plain language at a fourth or fifth reading level in order to make it fully accessible to the broadest audience possible. Of course, our physical spaces need to be accessible for COVID efforts that has meant that testing facilities they're chosen for testing sites, whether that's walk-in or drive-thru need to be made accessible for people with disabilities to be able to navigate those spaces in wheelchair and walkers.
- Those vaccination sites need to be vetted for ADA compliance. Even you're there for three hours for a mobile event, anyone who wants to take advantage of the services can access that space. Just as an FYI, the slides that Suzi talked about before have several helpful links that you might want to go ahead and click on that will provide you with

checklists and information from the ADA National Network and also some suggestions for websites for being able to look at some of the guidance that you might need if you're not familiar with some of these principles. Another document that's included in the slides is a document that we drafted as vaccination sites became -- started coming online.

- It's just very preliminary general guidance about access and functional needs for vaccination sites. Along with that document there is a draft of a job description for a person who would be able to take care of access and functional needs considerations for vaccinations. It's basically sort of a cliff's notes of what you need to know in order to be knowledgeable about access and functional needs. So if that person or whatsoever that is in your local health district or county would be able to answer questions, such as, where can people who need accommodations call in order to be able to get information about arranging accommodations?
- Do you in your county or local health district have a point person or an email box, a point of contact, for people to be able to get that information more directly? Who in your organization, either at the county or local health district level that family members or people who are homebound can contact to see if they could get vaccination in their home. Who will be able to provide information about language services on site at your vaccination event?
- If you don't have anyone who understands or knows how to access language vendors through PIN numbers or digital devices, those language services won't be available to the people who need them. You also want to make sure that if you have a site especially that's going to be long lasting or do you have someone on site who is able to take care of access and functional needs as they come up. Meaning if you have someone who needs medical attention or someone who is -- thought they were going to be able to stand in line but end up needing a wheelchair, someone who walks in and indicates that they don't speak English.
- Would you be able to have a person on the ground who could make sure that that person is taken care of appropriately? So those are some of the considerations for vaccination sites especially, but across the board there's questions need to be answerable during non COVID times as well. The accessibility efforts we're making now need to be continued after COVID. We have found some glaring gaps in accessibility due to COVID and we made a lot of progress across the state. So we don't want to lose that progress just because COVID goes away. We all hope that COVID goes away, just because the efforts ramp down does not mean that accessibility requirements go away. A good example of how we've been able to operationalize accessibility in the field on a State level is that we were able to establish direct ASL to ASL communication access for the vaccinate Virginia call center.
- Virginia is the first state in the country to do this for vaccine nation and registration lines. Meaning a person who uses a videophone or a web cam in order to be able to contact someone and use sign language in order to get information is able to get connected with an ASL fluent call assistant directly without the use or need for an interpreter. So that kind of direct access that we were providing already for people who speak Spanish or people who speak other minority spoken languages, we were able to get that to those who use ASL as their primary language.
- That's an example of progress we made for the language line -- for the Vaccinate Virginia call Centerline that will set a good precedence for us to be always be able to provide information in the language most readily understood by the person who is calling. Our

COVID response has been a unified effort. So that means that everyone who has been involved has had to make sure that all of the services and supports that we established for COVID are accessible. And that's not just good practice. It's a way for us to start to make a habit out of baking in accessibility into all of our operations. Like I said, it's not just a good thing to do.

- It's the law. It's not optional for us to make our services and products accessible to people with disabilities. So we want to make sure that we're aware of that. The eastern district of Virginia, office of the US Attorney General recently sent out a letter to colleagues that Suzi was kind enough to put in the vaccination provider bulletin that goes out by email just as a reminder that regardless of what service or product that we're trying to provide to the public, especially if it's having to do with COVID, we want to make sure that it is accessible to people with disabilities and other barriers to access. Again, that burden doesn't end with COVID.
- The Department of Justice and HHS on the federal level are paying particular attention to accessibility. So it behooves us to put the effort in now, but it has always been an important thing for us to do. If you bake it now, then going forward for future emergencies, we'll be much more prepared to be able to assist all of the population rather than just those who don't need accommodations. Again, this is being paid particular attention to throughout the COVID emergency and other people in unified command briefed the Homeland Security about ASN actions. We briefed the FEMA on our AFN activities.
- All the Governor's outreach directors were briefed on ASN considerations. Accessibility concluded as one of the factors that earned Governor's honor award for diversity, equity and inclusion for the Health Equity task force leadership. These are really principles that have started to get more attention than in the past. Of course, in my estimation it's way overdue.
- They will continue to be a concern. Just as an FYI, enough of a concern that last week on Friday the Governor signed two bills, House bill 2085 and Senate bill 1296. Both of which had to do with equity and emergency management. So that means that our effort to ensure that emergency management programs and plans on state and local levels will provide support to at risk individuals and populations that are disproportionately impacted by disasters. That includes not only vulnerable populations and communities of color but also people who have access and functional needs as well.
- To end on a positive note, without accessibility there can never truly be inclusion or equity. We have to make sure that all of these efforts that we've been conscience about continue after COVID.

- **Misc. Information, Suzi Silverstein, VDH Office of Emergency Preparedness:**

- I have one bit of information to share as a resource I found out about last night. So I didn't have the opportunity to bring anybody in to the call to talk about it. But it is nice with the information Karen shared, not with just responding to COVID but for our work throughout the year and whatever else we do.
- This pertains to intellectual and developmental disabilities and some training that's available out there. The Department of Behavioral health and developmental services and their office of integrated health has a web page dedicated to training resources. And then they also have some information that's specific to setting up vaccination clinics for people

with intellectual or developmental disabilities. So I put links on a slide that is also posted on the web page for boast of those.

- Autism Speaks is an organization that has worked with AshBritt, the vendor that has done our mass vaccination clinics. They put together a toolkit for working with people with autism. So in the toolkit -- I put the link up there -- is information on both setting up a clinic and for working with people that might come in to a clinic that have autism. So both of those resources are there.
- If anybody's interested in having a speaker on this, just let me know, and I can get them for one of our future calls. So that concludes the information sharing portion of today's call.

- **Question and Answer Session:**

- QUESTION (inaudible): I'm with the Virginia association of free clinics when Bob mention the priorities with respect to distributing the vaccine in terms of primary care clinics, I'm just wondering if the free clinics are included, Bob, in that priority list? I noticed you mentioned the FQHCs.
- RESPONSE: Bob Mauskapf, Yeah. Community health centers are qualified health centers and free clinics, we consider them all grouped together and important recipients sure.

- **Closing, Suzi Silverstein, VDH Office of Emergency Preparedness:**

- I want to thank everybody for joining the call today. If there's any other topics you would like on future calls, let me know. And we can arrange for the speakers.
- I want to remind everybody that there is no call next week and no call on May 28th. We're only have two calls this month, today and our next call will be on Friday, May 21st.
- I hope everybody has a wonderful weekend.
- I want to wish a happy Mother's Day to all the mothers out there.
- This concludes this call today.